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CONFIRMATION NO. 8229

<b>SERIAL NUMBER</b> 10/825,953	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 1023-363US01
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## APPLICANTS

Kenneth T. Heruth, Edina, MN;  
 Keith A. Miesel, St. Paul, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/553,777 03/16/2004

OK Btz 11/14/07

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none Btz 11/14/07

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Brian Bedun</i> Examiner's Signature	<i>Btz</i> Initials			

## ADDRESS

28863

## TITLE

Controlling therapy based on sleep quality

<b>FILING FEE RECEIVED</b> 3722	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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